

**NORTHERN VIRGINIA  
MENTAL HEALTH INSTITUTE  
FALLS CHURCH, VIRGINIA**

**SNAPSHOT INSPECTION**

**OFFICE OF THE  
INSPECTOR GENERAL**

## **EXECUTIVE SUMMARY**

This report summarizes the findings during a snapshot visit at Northern Virginia Mental Health Institute, which occurred on December 20-21, 1999.

Snapshot inspections are brief and unannounced. Inspections of this type will be performed randomly throughout the year on all facilities. The purpose of a snapshot inspection is to observe general conditions of the facility, staffing patterns, patient activity and issues for follow-up from either primary or secondary inspections.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

### **FINDINGS OF MERIT**

- 1 Finding: The facility was well maintained, clean and comfortable.
- 2.1 Finding: Staffing patterns were consistent with CRIPA expectations.
- 2.2 Finding: Recent facility director changes had little reported effect on day-to-day operations.
- 2.3 Finding: Despite administrative problems, staff placed a high priority on the treatment needs of patients.
- 3.1 Finding: Patients were engaged in routine evening activities. Patients interviewed were aware of the activities available during the holidays, as the treatment mall was not operating during that period.

### **FINDINGS OF CONCERN**

- 2.3 Finding: The discharge of ten patients from the long-term psychosocial unit (K Unit) in a short period of time shifted the milieu.
- 2.4 Finding: Staff identified concern regarding the "elimination" of seclusion and restraint.
- 2.5 Finding: The response time for the on-duty physician was thirty minutes.
- 4.1 Finding: The facility continues to undergo major systems changes.

**Facility** Northern Virginia Mental Health Institute  
Falls Church, Virginia

**Date:** December 20-21, 1999

**Time:** 8:00 P.M. - 11:30 P. M. on 12/20  
9:00 A.M. - 11:30 A. M. on 12/21

**Type of Inspection:** Snapshot Inspection – Unannounced

**Purpose of the Inspection:** To review the general conditions of the facility, to identify staffing patterns and the census, and to observe general activities of the patients.

### **Background Information:**

Information was obtained during the visit in a variety of ways. Interviews were completed with several patients, staff from a local Community Services Board Crisis Unit and members of the NVMHI evening staff, the Medical Director, and the Director of Psychology. Visits occurred on F Unit and K Unit, where observations were made of staff and patient interactions as well as patient activities. The on-duty physician was contacted and interviewed.

## **GENERAL CONDITIONS**

### **1.1 Finding: The facility was well maintained, clean and comfortable.**

**Background:** A brief walk-through of the facility, particularly Units F and K, revealed that the facility was well maintained and clean. Units were appropriately decorated for the season. The temperature in the facility was comfortable and the heat seemed evenly distributed. The magazines available in the Atrium were current and offered a greater selection than noted during the previous inspection.

Several of the patients interviewed had been transferred to the facility from other state hospitals where they had been receiving long-term services. They related that this hospital was the most comfortable of all the facilities where they had been hospitalized. They also felt that the food was better. Several related that even though they felt the food was good, they would prefer a more varied menu. The patients knew how to access care for medical problems.

**Recommendation: None. Continue to maintain the facility.**

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## STAFF ISSUES

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### **2.1 Finding: Staffing patterns were consistent with CRIPA expectations.**

Background: Staffing present and accounted for during the time of the inspection (evening shift) was as follows:

F Unit	Census/ 22 patients	3 RNs	3 Psychiatric Technicians
H Unit	Census/ 10 patients	4 RNs	2.5 Psychiatric Technicians
I-1 Unit	Census/ 20 patients	3 RNs	3 Psychiatric Technicians
I-2 Unit	Census/ 31 patients	4 RNs	3 Psychiatric Technicians
K Unit	Census/ 42 patients	4 RNs	6 Psychiatric Technicians

The .5 position on H Unit constitutes a four-hour period of time in which this individual was scheduled for coverage.

**Recommendation: Continue current staffing patterns.**

### **2.2 Finding: Recent facility director changes had little reported effect on day-to-day operations.**

Background: Both patients and staff indicated that the recent publicized change in facility director had made little impact on the day-to day operations of the unit(s). Most indicated that the majority of the information they received regarding the resignation of the Director and the selection of the Acting Facility Director was from the area newspapers. One staff member related that it was frustrating when the media rehashed past events each time there were any new developments at the facility because it placed all issues at the facility within the context of those past events. Another staff person related feeling so removed from the changes, that she would be unable to identify the Acting Director from "a line-up".

**Recommendation: Provide evening staff with an opportunity to meet and interact with the current acting facility director.**

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### **2.3 Finding: Despite administrative problems, staff placed a high priority on the treatment needs of patients.**

Background: Several of the evening staff indicated that they historically found it difficult to interact with hospital administration in an effective manner. A split between the staffs of different professions was reflected in comments made by several individuals. Frustration resulted when segments of the staff felt compelled to "go outside" the facility to be heard. Staff, on this shift, was more interested in focusing on patient care than

administrative politics and management struggles. (This may be characteristic of professionals who would choose to work on a non-daylight shift.)

It would be optimal for this particular facility to get to the point where staff of all shifts had confidence that facility management was centering administrative priorities around superior patient care. (Several staff did express optimism that the current acting director would be able to do this.)

**Recommendation: Patient care is job number one. Management initiatives should support the work of staff in providing patient care.**

### **2.3 Finding: The discharge of ten patients from the long-term psychosocial unit (K Unit) in a short period of time shifted the milieu.**

Background: The recent opening of community-based residential beds had resulted in approximately ten discharges from this long-term treatment unit. Several undischarged patients expressed hope that they might be selected for the limited remaining bedspace in these new settings. The influx of ten new patients in a short time frame on the unit changed the nature and functioning of the unit. Staff identified difficulties in adjusting to the changes while learning about the diagnosis and functioning levels of the new patients. These changes have the effect of shifting the milieu of the long-term unit temporarily to one that is more acute. This is a one-time event.

**Recommendation: To the extent possible, avoid mass exodus from a single unit in the future. Changes of this magnitude are not optimal for those remaining on the unit.**

### **2.4 Finding: Staff identified concern regarding the “elimination” of seclusion and restraint.**

Background: Concerns regarding issues related to behavior management were expressed. A patient reportedly was “allowed to terrorize” the admission unit for approximately an hour and a half while wielding a homemade weapon. Other patients were reportedly told to stay in their rooms. Staff expressed concern that more restrictive safety techniques such as seclusion were no longer allowed to be used.

Reducing the use of seclusion and restraint in the facilities is an essential goal. However, there are certain RARE circumstances wherein the short term use of seclusion may be the only viable safe alternative for the patient and others on a unit. I have found that a number of front line staff at several facilities feel very pressured to eliminate seclusion use. It is recommended that individual situations associated with significant violence or risk of violence be reviewed retrospectively through peer review, behavioral management committee, or a root-cause analysis format. The benefit to staff at this institution and others would be to gain and

exchange knowledge of the management of these situations with a focus on the minimal use of restraint and seclusion.

**Recommendation:** NVMHI should institute a process for reviewing the management of incidents involving threats of serious aggression.

**2.5 Finding: The response time for the on-duty physician was thirty minutes.**

Background: The Night Shift Supervisor was requested to page the on-duty physician in order to determine the response time. She indicated that the length of time involved on this particular evening was unusual and that the response time was usually within minutes.. He was in the building and was located after the supervising nurse called several of the units.

**Recommendation:** Performance expectations for all physicians should include expectations for response time.

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## PATIENT ACTIVITY

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**3.1 Finding: Patients were engaged in routine evening activities. Patients interviewed were aware of the activities available during the holidays, as the treatment mall was not operating during that period.**

Background: Due to the hour of the inspection, most formal programming activities had been completed for the day. Patients were observed interacting with each other in the dayroom area or watching television (a sporting event) in small groups. Several individuals were preparing for bed. The units were generally quiet.

Many of the patients interviewed were aware of scheduling changes due to the holiday season. Several had copies of available activity sheets which gave a sketch of events being offered. Staff also related that efforts had been made to consider patient preference in activities planned for the holiday period such as singing carols or having holiday treats.

**Recommendation: None. Activities observed were appropriate.**

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## FACILITY CHALLENGES

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**4.1 Finding: The facility continues to undergo major systems changes.**

Background: The current Acting Facility Director has planned several organizational changes. This is occurring in the spirit of meeting the intent of the settlement agreement with the DOJ and current standards of the Joint Commission on Accreditation of Hospitals Organization (JCAHO). NVMHI is scheduled for review by JCAHO this

Spring. Organizational changes will perpetuate the facility's instability if a subsequent permanent director reorganizes the reorganization.

**Recommendation: The patients at this facility deserve a permanent high quality, consumer focused facility director who can start soon as possible.**